

WELSH BOARD

24 SEP 1952

OF HEALTH

**Ogmore and Garw
Urban District Council**

REPORT

OF THE

**Medical Officer of
Health**

For the Year, 1951



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PUBLIC HEALTH STAFF

(a) MEDICAL

Medical Officer of Health :

B. T. JONES, L.M.S.S.A. (Lond.), D.P.H. (Edin.)

(b) SANITARY INSPECTORS

Senior Sanitary Inspector :

O. L. THOMAS, Sanitary Inspector's Certificate, Meat Inspector's Certificate

Sanitary Inspector :

W. DAVIES, Sanitary Inspector's Certificate, Meat Inspector's Certificate

(c) CLERICAL

Miss V. DAVIES

(d) RODENT OPERATIVE

T. EVANS

MR. CHAIRMAN AND GENTLEMEN,

I have pleasure in submitting once more my annual report, drawn up in accordance with the requirements of circular 42/51 Wales.

There was a slight increase in the birth rate but it still remains the third lowest since records have been kept, making it but little higher than the death rate. This does not augur very well for the population trend in an area with an ageing population and a smaller number to support them.

The infantile death rate gives reason for very great satisfaction since it is the lowest ever recorded, comparing most favourably with other areas in the county. It is the lowest of all the industrial areas and fourth lowest of all areas.

In the early months of the year, in common with the rest of the country, an influenza epidemic which, it was feared might reach alarming proportions, was experienced. Fortunately it subsided early in March and the anticipated second wave did not occur.

In the early autumn, there was a group of cases of food poisoning, fortunately without fatal results. This could be traced to an organism of the salmonella typhi murium group, hitherto not reported in this area.

The notifications of tuberculosis were half what they were in 1950.

With an ageing population, the Council is to be congratulated on having embarked on schemes to assist in every way possible those who have reached the evening of their days to enjoy all amenities possible.

As this was the festival of Britain year, a committee was formed to organise religious, social, cultural and athletic activities. It may be stated that enthusiasm and efficiency were the keynote of the resultant events.

I wish to thank the staff of the Public Health Department for their assistance, also the Chairman and Members of the Public Health Committee for their unstinted help, their keen interest and the use of their valuable time. We feel that the results of their unceasing co-operation fully justify all the efforts expended by them for the public weal.

The Surveyor and his staff have been most helpful in assisting with the graphs for this report, and I am extremely grateful to them.

SOCIAL CONDITIONS

The production of coal is the great white hope of British economy at the present time, and this area depends almost entirely on this industry.

Of our light industries, the optical factory at Evanstown was merely maintained during the year, but could go into production if orders were forthcoming.

There is a small bedding and upholstery factory and a small furniture factory both of which are capable of expansion, also in Evanstown.

On 31st December, 1951, the numbers of unemployed were 127 men and 114 women, making a total of 241, as compared with 150 men and 115 women making a total of 265 on 31st December, 1950, and 235 men and 129 women making a total of 364 on 31st December 1949.

The number of registered disabled persons placed in employment during 1951 was 87.

The approximate number of fresh pneumoconiosis and silicosis cases which came to light in 1951 was 12, as compared with 16 in 1950.

The total pneumoconiosis and silicosis cases on the Disabled Persons' Register (employed and unemployed) were 201 as compared with 204 in 1950.

The figures of those who are partially disabled by pneumoconiosis or silicosis are not available for this year.

The following is information concerning manpower in the collieries of the district :

Ogmore Valley	.....	2,154
Garw Valley	.....	2,150
Total Employed	.....	4,304

The following are welfare schemes which are being put into operation:

Two new schemes have made some progress. A site has been purchased at Llangeinor at a cost of approximately £4,000, and a site purchased at Lewistown and Pantyrawal at a cost of approximately £4,500. Sketch plans for the provision of a small Welfare Hall have been prepared and accepted by the scheme concerned, and formal application has been made to the Miners' Welfare Commission for capital grants for erection and equipment.

Recreation facilities at Pontcymmer, *i.e.*, playing fields and an indoor swimming bath would improve the amenities for miners in this area and might possibly attract more people to the mining industry.

STATISTICS OF THE AREA

Area (Acres)	17,984
Estimated population, 1951	22,480
Number of inhabited houses	5,814
Rateable Value	£74,656
Product of a Penny Rate	£265

EXTRACTS FROM VITAL STATISTICS

	Total	M.	F.
Live Births : Legitimate	349	179	170
Illegitimate	7	4	3
Birth Rate 15.84 per 1,000 population.			

Still Births	
Rate per 1,000 total (live and still) births 1950—19.3	
Rate per 1,000 total (live and still) births 1951—29.9	
Area comparability factor for births	1.05

	Total	M.	F.
Deaths	313	193	120
Death Rate 13.92 per 1,000 population			
Area comparability factor for deaths	1.09		

Deaths from Puerperal Causes	Nil
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Death rate of infants under 1 year of age :—

All infants per 1,000 live births	25.8
Legitimate infants per 1,000 legitimate live births	22.9
Illegitimate infants per 1,000 illegitimate live births	142.8
Deaths under 4 weeks per 1,000 live births	11.24
Deaths from malignant neoplasm (all ages)	48
Deaths from measles (all ages)	nil
Deaths from whooping cough (all ages)	1
Deaths from diarrhoea (under 2 years of age)	nil
Deaths from cerebro-spinal fever (all ages)	nil

Birth Rate for the last 10 years for England and Wales, the
Administrative County and Ogmore and Garw U.D.C.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
England &										
Wales	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5
Glamorgan	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.1	16.32
Ogmore and Garw										
U.D.C.	18.7	20.7	19.3	19.4	19.5	20.1	20.1	18.8	15.6	15.84

Death Rate for the last 10 years for England and Wales, the
Administrative County and Ogmore and Garw U.D.C.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
England &										
Wales	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5
Glamorgan	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.7	13.7
Ogmore and Garw										
U.D.C.	11.3	11.6	10.8	11.7	11.8	13.3	12.0	12.5	13.8	13.9

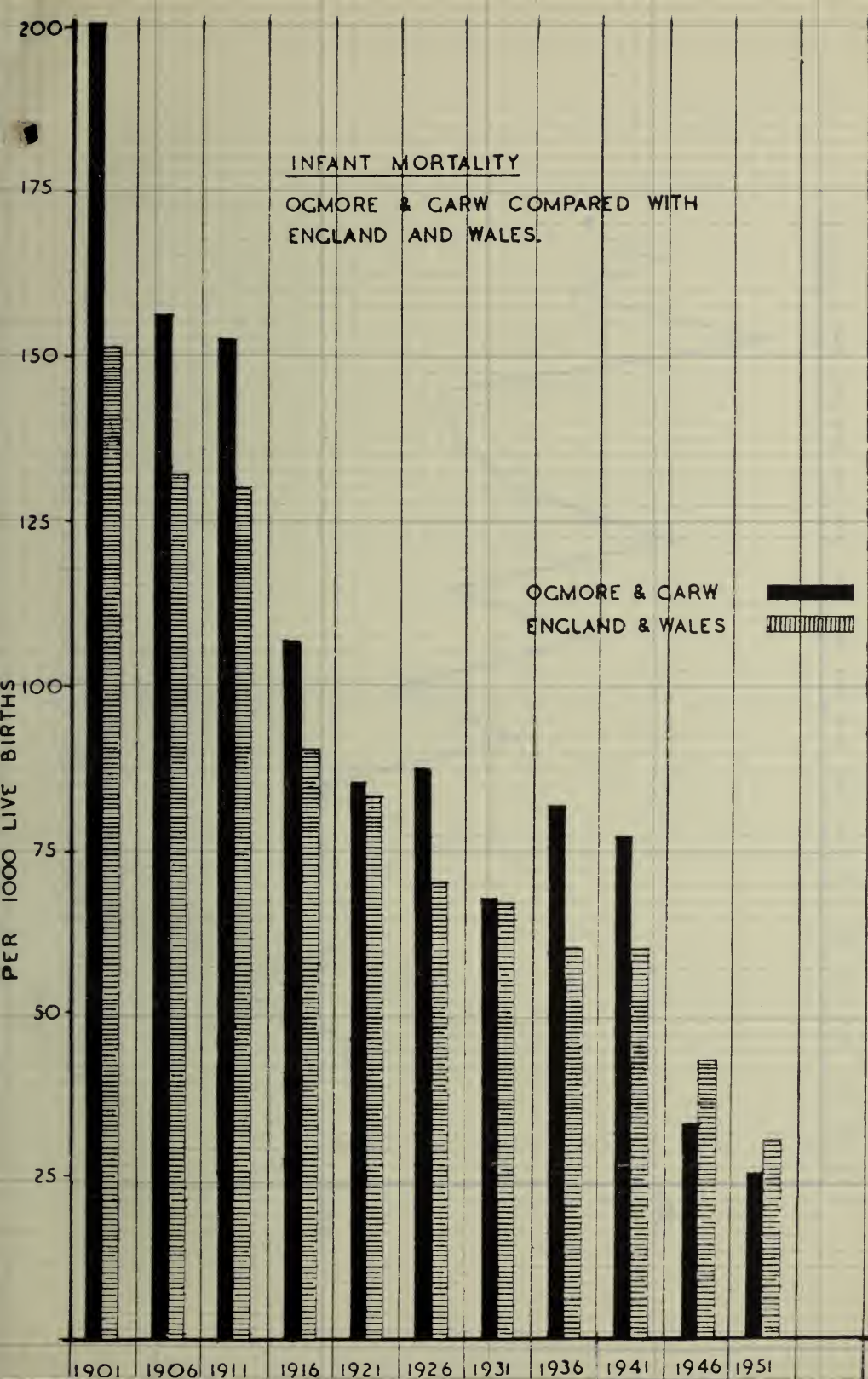
BIRTH RATE

The birth rate in 1951 remains amongst the three lowest since records have been kept. At the beginning of the century the rate was 44, in 1951 it was 15.84. It must be remembered that half a century ago, only the fittest survived, so the numbers are no indication of a lasting increase in population. Now far fewer babies die. People have a different standard of living. They have a divine urge to improve their own condition as compared with that of their progenitors and to provide better conditions for their off-spring. They are not satisfied to-day to have a family while sharing a house with in-laws or other families. The outlook in the past few years has been hopeless as regards the provision of houses; furthermore, women now want to supplement the family income by going out to work.

INFANTILE MORTALITY

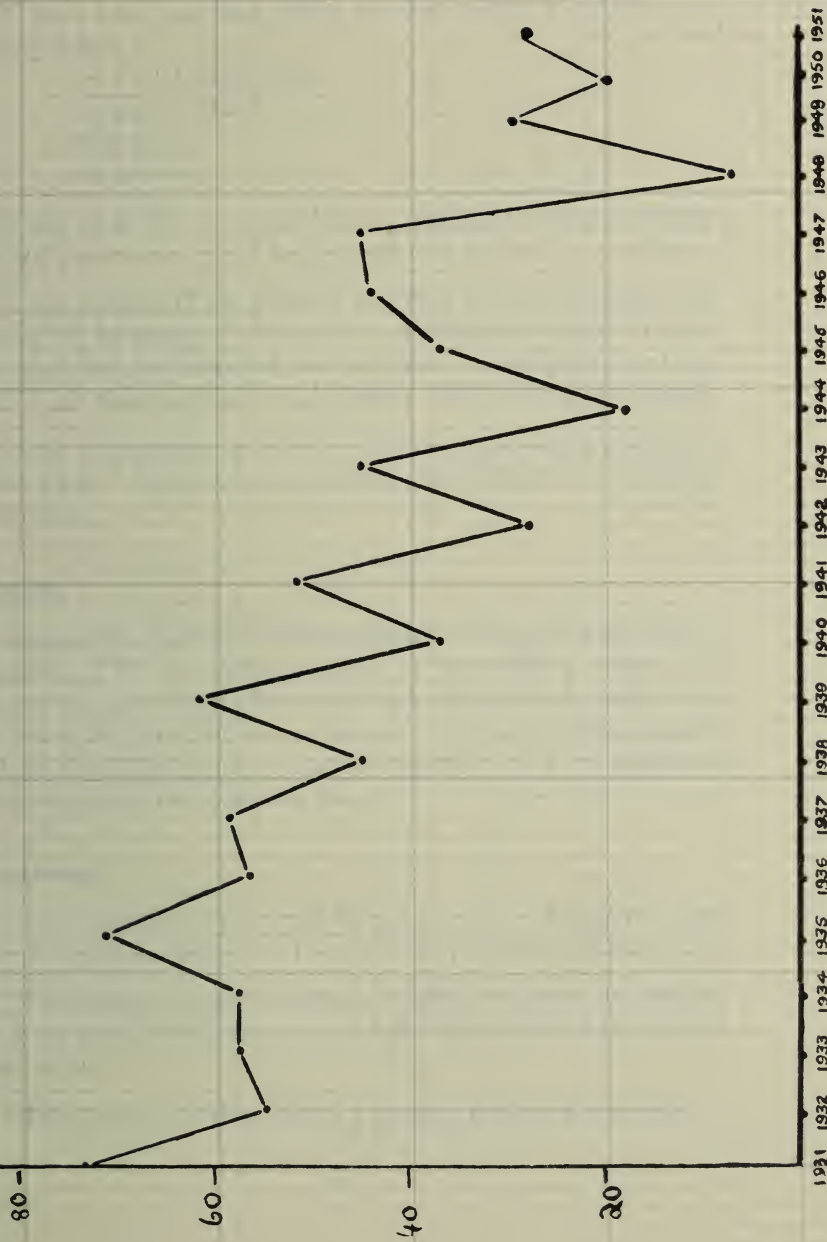
There is an improvement this year in the Infantile Death Rate. There were nine deaths of children under one year of age as compared with sixteen last year.

This number is the lowest that have died in any year and the



STILL BIRTH RATE, OGMORE & GARW U.D.C. 1931-1951

(per 1,000 live and still births)



infantile death rate is the lowest since records have been kept. This is a cause for gratification.

Of these nine, four died within the first month of life from the following causes :—

Cerebral haemorrhage	....	....	1
Congenital Heart	.....	.....	1
Prematurity	.....	.....	1
Pneumonia	.....	.....	1

Of the other five, two more died of pneumonia, one of whooping cough and pneumonia, one of acute encephalitis and one by an accident.

Of the mothers of the children who died in the first month, not one took full advantage of all the ante-natal facilities offered. Of the home conditions, two were fair, one poor and one very good. Not one attended the Maternity and Child Welfare Clinic for obvious reasons.

Of the other deaths under one year of age, one only attended the Welfare Clinic. Of the home conditions, one was bad, one very good and two fair.

Stillbirths

During 1951, there were eleven stillbirths of which five were due to prematurity. Of the eleven mothers of the stillborn infants, six attended the Ante-Natal Clinic well, two at the eighth month, and three not at all. One child was malformed. Of the eight who attended the Ante-Natal Clinic, four were in poor health. The home conditions of five were good, the remainder poor.

Prematurity

There were fifteen premature babies born alive during 1951, one of which died at one hour old. There were 23 premature babies in 1950.

Of the mothers of the 14 premature babies who lived, 10 attended well at the Ante-Natal Clinic, two attended fairly well and two did not attend at all.

Of the home conditions, seven were poor, and seven were good.

One mother died, the health of two were poor and the remainder were fair.

Of the 34 babies, nine of which died while under one, 11 of which were stillborn, 14 of which were premature, the families of three only dwelt in any of the new housing sites.

The greatest wastage of infantile life is due to prematurity which takes place because the foetus is being formed under conditions adverse to its prolongation. The health of the mother is, of course, the vital factor and this in turn is affected by the conditions under which she lives. Bad housing, economic anxieties, mental stress, shared accommodation, over-work, malnutrition, too-frequent pregnancies all play their part. Regular ante-natal attendances at Clinic and Surgery are of paramount importance, so that endeavours may be made to correct conditions which might result in a premature birth.

INFANTILE MORTALITY DURING THE YEAR 1951
Deaths from stated causes in Age Groups under 1 Year of Age

	Under 1 Year										Total
	hour	12 hours	24 hours	1-3 days	1-2 weeks	2-4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	
Asphyxia due to suffocation	—	—	—	—	—	—	1	—	—	—	1
Broncho-pneumonia	—	—	—	—	—	—	—	—	—	—	—
Cerebral Haemorrhage	—	1	—	—	—	—	—	—	—	—	1
Congenital Heart	—	—	—	—	1	—	—	—	—	—	1
Acute Encephalitis	—	—	—	—	—	—	—	1	—	—	1
Haemorrhagic disease of the new born	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	1	1	—	1	—	3
Pulmonary Atelectasis	—	—	—	—	—	—	—	—	—	—	—
Infective Gastro-Enteritis	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Marasmus and Whooping Cough	—	—	—	—	—	—	1	—	—	—	1
Prematurity	—	1	—	—	—	—	—	—	—	—	1
TOTAL	—	2	—	—	1	1	3	1	1	—	9

HOSPITALIZATION OF INFECTIOUS DISEASES

The following is the number of cases admitted to Isolation Hospitals during the year from this area.

Blackmill Isolation Hospital

Scarlet Fever	.....	74
Whooping Cough	.....	43
Measles	.....	18
Sonne Dysentry	.....	11
Pneumonia	.....	29
Typhoid	.....	1
Erysipelas	.....	4
Meningococcal Infection	.....	1
Food Poisoning	.....	4
Puerperal Pyrexia	.....	1
Ophthalmia Neonatorum	.....	1

Pneumonia was diagnosed in a further 27 cases complicating whooping cough and measles.

Owing to lack of accommodation the following cases were sent to hospitals outside the area :—

CEFN HIRGOED

Scarlet Fever	.....	1
Whooping Cough	.....	1
Dysentry	.....	1
Whooping Cough and Measles	.....	1
Lymphocytic Meningitis	.....	1
Observation Meningitis	.....	1
Croup	.....	1
Observation Poliomyelitis	.....	1
Sonne Dysentry	.....	4
Broncho-Pneumonia	.....	2
Broncho-Pneumonia with Whooping Cough	.....	1
Pneumonia	.....	1
Bronchitis	.....	1
Gastro Enteritis	.....	3
Vomiting and Diarrhoea	.....	1
Observation Diphtheria	.....	1
Chickenpox	.....	1

MAESTEG ISOLATION HOSPITAL

Impetigo	.....	.....	.....	.....	.....	.....	1
Gastro Enteritis	.....	.....	.....	.....	.....	.....	1

The Isolation Hospitals under the Mid-Glamorgan Hospital Management Committee are Blackmill with 44 beds, Cefn Hirgoed with 26 and Maesteg with 18.

There are also at Cefn Hirgoed, 50 beds for the use of adult tuberculosis patients, male and female.

The old block at Blackmill, which was the original hospital opened in 1907, is being modernised and divided into eight cubicles. The facilities for segregating individual cases diminish considerably the risk of cross-infection and obviate the necessity of opening a ward for a single case on the rare occasions upon which they are closed.

HOSPITAL SERVICES IN THE AREA

Bridgend has been made the focal point of the Mid-Glamorgan Hospital Service. There has been a building-up of the Hospital with an increase in the number of specialist services. In spite of this, the demand for investigation is out-pacing the supply of such services.

One great advance has been made in the Ear, Nose and Throat Department where patients are now seen by the actual surgeon before the tonsils are removed. This does away with any possibility of an unnecessary operation. Unfortunately, there is such a demand for this branch of the service that the waiting list is very long. The district hospital in Merthyr Mawr Road has been made available for ear, nose and throat treatment.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Whooping Cough

Of all childish ailments, this is one of the most distressing as, when there is one patient in a house, all the inhabitants are kept on the alert. Furthermore, it is very prone to leave behind complications. Provision has now to be made in this area to admit to hospital all cases which are severe and where the home conditions are unsatisfactory so that they may have good nursing and treatment. The number of beds do not allow admission on a large scale but the worst are catered for.

Unfortunately there was a notable increase in the number of whooping cough cases during 1951. It rose from 90 to 214 as compared with 1950. It was higher than even during the war years when there were so many evacuees. The public must be educated to realize how very infectious the disease is, to refrain from taking children into buses and public places. As housing extends along the valleys so there is a greater movement of the population and the risks therefore increase if the public do not play their part.

Since 1944, attempts have been made to provide immunisation against this disease, but up to the present, satisfactory vaccine has not been available. Therefore, this prophylaxis has not been utilised. Experiments are continuing under the Medical Research Council and there are reasonable hopes of a satisfactory vaccine becoming available. One might think that two entirely self-contained valleys such as these would be ideal for experimental purposes. Now that there is a possibility of improved vaccine, the Ministry might be approached on the subject of allowing a trial in the valleys.

Measles also were at a high level. Here again the worst cases were hospitalized in order to prevent pneumonia.

Scarlet Fever

There was a slight increase in the number of notifications of scarlet fever, during 1951. Nevertheless, it was of a mild type. A few developed kidney or cardiac complications. They were cases which were nursed at home in the beginning and adequate rest and warmth were not supplied. Not sufficient importance was attached as it was of a mild type and, furthermore, the patients had difficulty in carrying out the doctor's instructions. These complications left permanent disabilities which is to be greatly regretted. The tendency to-day is to treat a mild case lightly but experience shows the necessity for most careful nursing in all types.

Hospital beds, which have been released by the decline in the number of diphtheria cases are available for the treatment of other ailments—not necessarily notifiable diseases, but septic throats and other maladies of that type. This prevents the spread of infection and prompt treatment and good nursing lessens the chances of complications.

The local general practitioners, at my request, sent me lists of those of their patients suffering from rheumatism; this shows a

decrease in number compared with former periods and they believe that this is due to the hospitalization of these types of cases. If future experience supports this theory, it will lessen the burden on the hospital services for it will reduce the number of chronic cases. It is very sad to see children debarred from participating in childish pastimes through disabilities imposed by resultant complications.

Scarlet Fever has now been typed by the Medical Research Council; the type prevalent in this area is Type 4.

Careful records are now kept of each case with a view to ascertaining the effect of complications, spread and severity following the different types.

Food Poisoning Outbreaks

Total number of outbreaks	.....	1
Number of cases	.....	19
Number of deaths	.....	0
Organism responsible	.....	Salmonella typhi murium
Food involved	.....	Pork pie

Typhoid

For many years, sporadic cases of typhoid occur in the Ogmore Valley. In many of the cases results of investigation were inconclusive but, in some cases, especially when the patients were young children, the river was suspected.

Yet, efforts to isolate from the river organisms of this group were not successful. In August, 1951, a case was diagnosed in Ogmore Vale. Investigations did not lead to any definite source, but it was thought that the infection might have been contracted while the child was playing in the river or in some of the streams flowing into the river. Eventually typhoid bacilli of the same group as that isolated from the child were demonstrated from water obtained from a rivulet and from the river near the entry of the aforementioned tributary.

Owing to more delicate laboratory methods, the isolation of typhoid bacilli from river water is much more certain than formerly, and the conclusion was reached that contamination of the stream arose from leakage of a sewer into the stream. Further tests at different points in the stream, indicated where the infection entered, so the sewer was opened at points and the leakage was discovered. Work is still in

progress with the object of sealing off this contamination. The co-operation of the surveyor's department is much appreciated.

We wish to thank the Public Health Laboratory, Cardiff, for their invaluable help in this work.

It is really most remarkable that, in this area, where children have the very unfortunate habit of bathing in the river, typhoid cases do not occur more frequently. Propaganda by means of posters is spread throughout the area warning the children of the risk to their health should they continue this practice. It has, in part, the desired effect as many have desisted.

Research on Poliomyelitis

During the year, original work was carried out in this area. Under the Medical Research Council a virological investigation was attempted by taking swabs from the sewers and attempting to isolate the poliomyelitis virus in this way. A preliminary report only has been received which states that so far, results are negative but final results are yet to come.

INFECTIOUS DISEASES DURING 1951

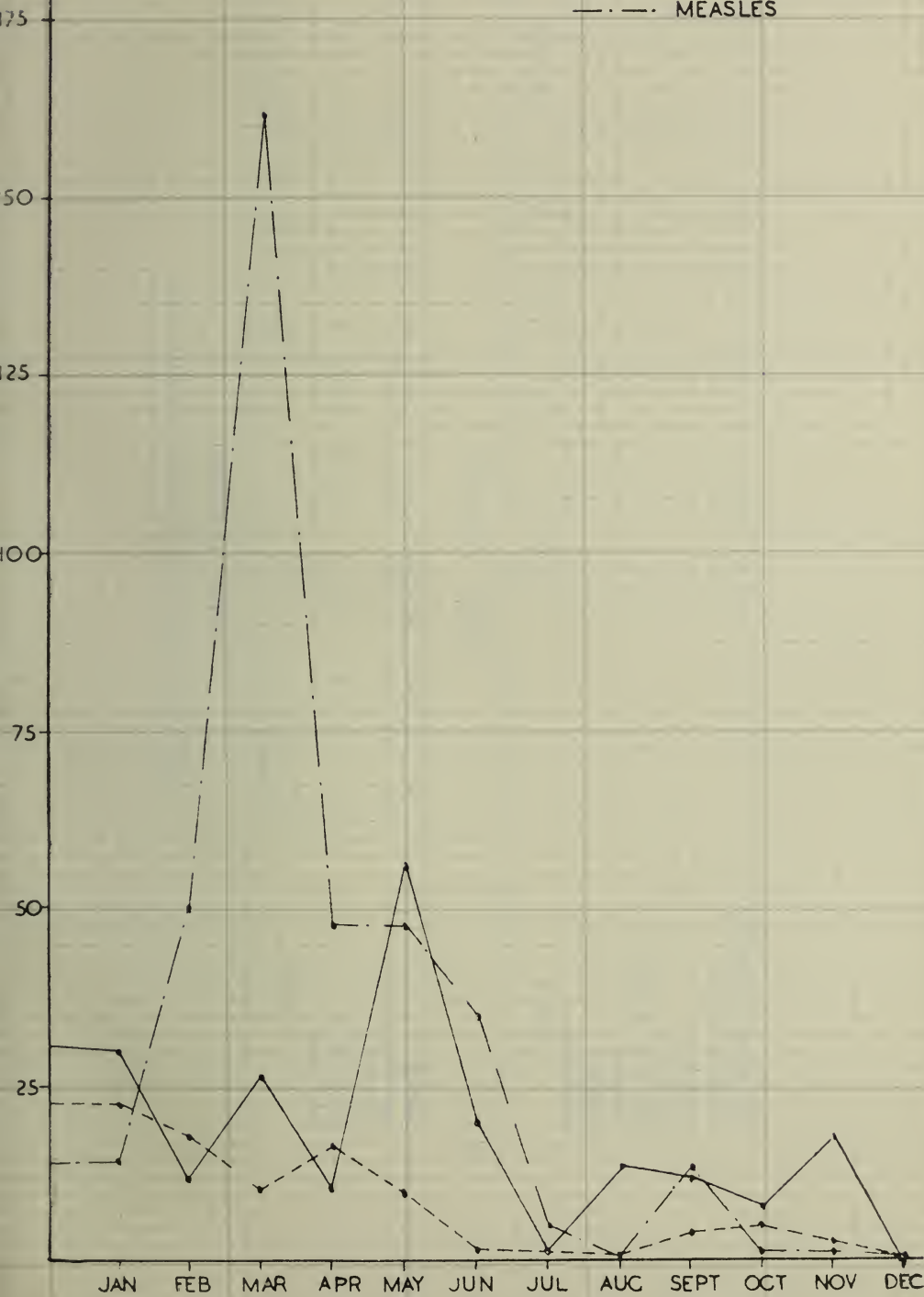
<i>Disease</i>	Jan. 29	Feb. 11	Mar. 27	April 10	May 59	June 21	July 3	Aug. 13	Sept. 12	Oct. 9	Nov. 18	Dec. 2	Total 214
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	22	18	11	17	10	2	2	1	3	4	3	2	95
Pneumonia	11	10	8	3	4	6	3	1	1	3	3	4	57
Measles	14	50	162	48	47	32	6	2	13	—	3	2	379
Dysentery	7	4	4	—	1	1	—	1	—	—	—	—	18
Erysipelas	1	3	—	—	1	—	—	1	—	1	—	—	7
Meningitis	—	—	—	1	—	—	—	—	—	—	—	—	1
Typhoid	—	—	—	—	—	—	—	—	—	1	—	—	1
Food Poisoning	—	—	—	—	—	—	—	—	—	18	1	—	19
Puerperal Pyrexia	—	—	—	—	—	—	—	—	1	1	1	1	4
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	1	—	1

INFECTIOUS DISEASES NOTIFIED THROUGHOUT THE WARDS—1951

	B	P	B-P	N	T	A	Whole Area
Scarlet Fever ...	1	8	1	27	58	—	95
Whooping Cough ...	17	31	110	13	26	17	214
Pneumonia ...	3	5	10	8	31	—	57
Measles ...	22	104	96	23	65	69	379
Dysentery ...	1	5	5	2	2	3	18
Erysipelas ...	—	—	2	1	3	1	7
Meningitis ...	—	1	—	—	—	—	1
Typhoid ...	—	—	—	—	1	—	1
Food Poisoning ...	—	—	—	19	—	—	19
Puerperal Pyrexia ...	—	—	3	1	—	—	4
Ophthalmia Neonatorum ...	—	—	1	—	—	—	1

1951

— WHOOPING COUGH
- - - SCARLET FEVER
- · - MEASLES



INFECTIOUS DISEASES NOTIFIED DURING 1951

CASES NOTIFIED

Diseases	Under 1		1—3		3—5		5—10		10—15		15—25		25 and over		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	5	7	9	9	26	26	8	2	1	—	—	2	95
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	13	15	28	24	36	33	27	31	2	1	1	2	—	1	214
Measles	6	11	41	46	69	71	63	52	9	7	1	1	—	2	379

CASES NOTIFIED

Diseases	Under 5		5—15		15—45		45—65		65 and over		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Pneumonia	9	12	5	7	2	3	3	5	57
Dysentery	4	3	2	1	—	1	—	—	18
Smallpox	—	—	—	—	—	—	—	—	—
Enteric or Typhoid	—	—	—	1	—	—	—	—	1
Erysipelas	1	1	—	—	2	1	—	—	7
Meningitis	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	4
Ophthalmia Neonatorum	—	1	—	—	—	—	—	—	1

MENTAL HEALTH

The Morgannwg Hospital consists of three divisions—Penyfai, Glanrhyd and Parc. The statutory accommodation is 1,942 beds, and at present 2,066 patients (1,078 males and 988 females) are resident. Patients are admitted from the administrative County of Glamorgan, and during 1951, 757 persons entered the Hospital. Of these no less than 546 were voluntary patients under Section 1 of the Mental Treatment Act, 1930. It is interesting to note that the proportion of voluntary admissions has been gradually increasing and this is due, in no small measure, to the co-operation of general medical practitioners in the area. The importance of prompt treatment of patients suffering from mental and nervous disorders cannot be too strongly emphasised.

Psychiatric out-patients clinics have been established at Bridgend, Neath, Pontypridd and the Neath General Hospital. This service is used to the advantage of persons suffering from early forms of psychosis or neurosis. In addition, domiciliary consultations are undertaken where patients are unable to attend the out-patients' clinics. A child guidance Clinic has also been established at the Penyfai Hospital.

Modern forms of treatment, including electrical convulsive therapy, deep and modified insulin treatment and pre-frontal leucotomy are available at the Hospital.

One very much fears that this over-crowding of mental institutions may, in some measure, be due to our present system of education. A child, as soon as it enters school has before it the spectre of the scholarship examination. He or she is made to feel that should he fail in this seemingly "vital" examination, his future is blackened for ever. One shudders to think of the mental and physical strain placed on a child at the adolescent age when all its resources should be expended on gaining health and strength.

All is being done to raise the status of the modern secondary school but, at least in this area, the average child feels a dreadful stigma lies upon him or her if he or she has failed the entrance examination to the grammar school.

I have no alternative suggestion to make, but I feel that this plan by which a child is seemingly damned at the age of 11 might be revised,

at least in the interests of mental health. The effect of this strain imposed on the child may not be obvious (though often it is) at the time but one little knows what havoc has been wrought. Then may be sown the seeds of mental instability which reach fruition in later years with such tragic consequences.

DEPRIVED CHILDREN

In 1951, there were fifteen children from this area in the care of the Children's Department of the County Council involving ten families.

The following table gives the dates of and reason for their admissions.

			<i>Date of Admission</i>	<i>Reason for Admission</i>
A	.....	.....	7/ 2/50	In moral danger.
B and C	} (one family)	.....	25/ 1/50	Parents of too low a mentality to be responsible for their upbringing.
D		.....	31/12/51	
E	.....	.....	7/ 3/51	Neglected.
F and G	(one family)		6/12/48	Motherless with no-one to care for them.
N	.....	.....	16/ 8/50	Illegitimate and abandoned by mother.
I	.....	.....	15/ 8/49	Illegitimate and abandoned by mother.
J and K	(one family)		9/ 1/51	Fatherless, mother of too low a mentality to be responsible for them.
L	.....	.....	13/12/51	Out of control of guardian.
M and N	(one family)		30/10/50	Lack of housing accommodation.
O	.....	.....	1/12/50	Ill-health of mother and no-one else to care.

These homes are now excellently run and every effort is made to instil high ideals and principles into the children. They are divided into small groups in charge of a house mother simulating an ordinary family.

In order that they may enjoy the experience of being a member of an ordinary family, at least for a time, schemes are now in operation by which they are received as guests in private houses during the summer holidays. Sixteen children of various ages were entertained in this area in 1951.

FORESTRY

In 1951, a large planting programme of 450 acres was undertaken. Three houses, one detached and two semi-detached have been built for and occupied by the forestry personnel at Glynogwr. Two houses are also being built at Nantymoel.

The acreage under planting is principally in Rhiwglyn, Ogmore Vale and the Garw Valley, also by Cefn Machen towards Brynmenin. About 26 men are regularly employed.

THE SANITARY ADMINISTRATION OF THE AREA

The number of inspections and re-inspections made during the year was as follows :—

Visits to houses under the Public Health and Housing Acts	737
Revisits.....	2,144
Inspections of Milk Shop Dairies	59
Inspections of Cowsheds	19
Inspections of Slaughterhouses	758
Inspections of Workshops	181
Inspections of Bakehouses	117
Inspections of Ice-Cream Dealers	187
Investigation and Visits <i>re</i> Infectious Diseases	117
Premises Disinfected	65
Drains tested	82
Complaints investigated	724
Visits under Shops Act	187
Visits to Food Shops	173
Visits to Schools and Public Buildings	74
Investigations of Swimming Baths	26

FACTORIES ACT, 1937 and 1948

(a) Workshops where no mechanical power is employed :—

Motor Repairs	4
Boot Repairs	5
Carpenters	6
General Smiths	1
Watchmakers	5
Dressmakers	2
Plumbers	4
Furniture Upholstery Repairs	3

(b) Factories where mechanical power is employed :—

Motor Repairs	4
Electricity	2
Bakehouses	6
Boot Repairs	7
Carpenters	4
Slabbing Works for Tiled Fireplace Surrounds	1

FACTORIES ACTS, 1937 and 1948

Part I of the Act

1.—Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	30	139	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	24	83	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	54	222	—	—

2.—Cases in which Defects were found

Particulars	Found	Remedied	Referred		Number of cases in which prose- cutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective Drainage of Floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	1	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	1	—
Other Offences against the Act	—	—	—	—	—
TOTAL	—	—	—	2	—

Part VII—There is one Outworker in this Area who is knitting garments for a Glasgow firm.

WATER

The supply of water was adequate in quality and quantity during the year. Forty-three samples were taken of water going into supply, of which 11 were unsatisfactory bacteriologically. Two samples were taken to test for plumbo solvency and the results were satisfactory. Effective soda ash treatment to prevent plumbo-solvency at the Nant-y-ci source was continued without interruption during the year 1951, and tests for acidity were taken three or four times weekly. Five samples were taken from the water going into supply and submitted for chemical analysis. All were satisfactory.

There were no water main extensions, with the exception of one to a farm at Bettws

99.8% of the houses in the area are joined to the main. There are no stand pipes.

RAINFALL RECORDS FOR THE YEAR ENDED 31st DECEMBER, 1951

Month	Merthyr- mawr		Bridg- end		Llan- haran		St. Athan	Pwllwly		Maesteg mill		Black- Ogmore Vale		Ponty- cymmer	
	1	2	3	4	5	6		7	8	9	10				
January	5.72	5.70	5.54	.740	3.99	5.63	9.89	7.91	12.64	10.13					
February	4.30	3.96	4.07	5.56	3.99	4.69	6.57	5.49	8.57	7.64					
March	5.64	5.11	5.32	5.63	4.81	5.64	7.77	6.65	9.98	8.10					
April	4.15	4.07	3.78	4.72	3.92	4.44	6.73	5.39	8.37	8.14					
May	3.17	2.50	2.55	2.76	2.48	2.79	3.38	3.44	3.50	3.59					
June	0.57	0.72	0.58	0.85	0.30	0.55	2.23	1.19	3.03	2.28					
July	1.54	1.79	1.75	2.23	.088	1.95	2.42	1.62	2.35	2.59					
August	7.13	6.71	5.90	7.69	2.28	5.11	14.56	4.57	13.58	13.10					
September	4.33	4.30	4.03	5.25	3.14	4.05	7.08	7.53	8.61	8.16					
October	1.84	2.07	1.78	2.00	2.15	2.13	1.49	1.49	2.07	1.90					
November	8.55	7.88	7.70	8.91	6.02	7.67	12.78	10.12	15.43	13.75					
December	3.04	3.64	3.69	3.92	3.47	3.53	6.98	4.58	9.89	8.03					
TOTALS 1951	49.98	48.45	46.69	56.92	37.43	48.18	81.88	59.98	98.02	87.39					
TOTALS 1950	53.58	54.99	48.72	62.44	53.14	53.77	89.98	70.97	109.26	95.24					

By the courtesy of Mr. H. W. ADAMS,
Manager and Clerk.

AVERAGE ANNUAL RAINFALL

	1948	1949	1950	1951
Souther Area (Cols. 1-6)	51.09	42.26	54.44	47.94
Northern Area (Cols. 7-10)	87.20	68.42	91.36	81.82

HOUSING

In 1951, tenders had been accepted for 76 houses, 20 at Blackmill, 24 at Llangeinor, and 32 at Evanstown. All these are three and four-bedroomed houses of the traditional type. Also, negotiations are in hand for the construction of houses at Bettws, so the outlook is improving.

Unfortunately, in the Evanstown houses, in order to bring the cost of the houses within the prescribed limits, the ceilings of the bedrooms had to be lowered to 7 ft. It would seem that this reduction of cubic air space is not conducive to adequate ventilation, nor is it to be encouraged in a mining area where the miner needs all the fresh air possible, and where the bedrooms are often occupied day and night. Again, there is no fireplace in the small sitting rooms the chimneys of which normally are a great aid to ventilation. Furthermore, this means that the sitting room will be used in the summer only, as the cost of an electric fire for heating purposes in conjunction with the high rents makes its use impossible, while the cost of a coal fire in a miner's house is practically negligible. Although this innovation might be acceptable on the grounds of cleanliness in other areas, to the miner on the lower rate of pay, it is a hardship.

In my opinion, whatever measures are adopted to decrease these evils, there will be no effect at all upon—

- (a) Entrants to mental homes;
- (b) Juvenile delinquency;
- (c) Broken marriages,

until each family can have its own dwelling house at a moderate rental.

Whatever views other people may hold, there is a problem peculiar to this area and that is shortage of land for building. Consequently very serious consideration must be given to the building of flats, if we are to keep the people within reasonable distance of their work.

Private licences for building were granted to 14 applicants. Of these only one was for building in the area.

HOUSING REPAIRS

Extra efforts were made during the year to encourage landlords to keep their houses in a state of reasonable repair. In this we work under many difficulties.

The cost of both labour and material is so high that Section 9 of the Public Health Act, 1936, is almost impossible to enforce, *i.e.*, costs of repairs required must be reasonable taking into consideration the value of the property. However, a house not kept in an adequate state of repair becomes fit only for demolition.

At present, taking the country as a whole, it seems that the numbers of houses annually demolished are likely to be almost as many as those being built, and in this way the aim of the building programme will fail and over-crowding result. Hence, it seems undesirable to demolish unless the house falls very far short of a required standard of habitability.

Another difficulty is the shortage of skilled labour which is naturally attracted to the construction rather than the repair of houses.

Twenty summonses enforced by the Public Health Act, 1936, were entered in Court against owners of property who had failed to carry out the necessary repairs. Orders were made against five only as the work was completed by the remaining fifteen, and the summonses were withdrawn. It was not possible for the Council to proceed under the Housing Act, 1936, owing to the shortage of craftsmen.

HOUSING INSPECTIONS

1.—Inspections of dwelling houses during the year :—

(a) 1. Total number of houses inspected for housing defects					
	and number of inspections made .....	.....	.....	.....	797
	2. Council Houses visits .....	.....	.....	.....	864
(b)	Revisits .....	.....	.....	.....	2,144
(c)	Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....				Nil
(d)	Number of dwelling houses found not to be in all respects fit for human habitation .....	.....	.....	.....	896

2.—Remedy of defects during the year without service of formal notice :

(a) Number of houses rendered fit in consequence of informal action by the Local Authority or their Officers	850
--	-------	-----

3.—Action under Statutory Powers :—

Proceedings under Housing Acts :—

(a) Number of dwelling houses in respect of which notices were served requiring repairs	.....	Nil
(b) Number of dwelling houses rendered fit after service of notices :—		
(1) By Owners	.....	Nil
(2) By Local Authority in default of owners	.....	Nil

4.—Proceedings under the Public Health Acts :—

(a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	.....	309
(b) Number of dwelling houses in which defects were remedied :—		
(1) By Owners	.....	294
(2) By Local Authority in default of owners	.....	Nil

5.—Demolition Orders :—

(a) Number of houses in respect of which demolition orders were made	.....	Nil
(b) Number of houses demolished	.....	Nil
(c) Number of tenements in respect of which Closing Orders were made	.....	Nil
(d) Number of houses closed but not demolished	.....	Nil

SUBSIDENCE

Subsidence is giving much cause for anxiety to the Local Authority. The enormity of the problem can be gauged by the fact that 474 claims were made to the National Coal Board during 1951. There has been much deterioration in Nantymoel and also in Pontycymmer and Blaengarw. It is very distressing to see the houses of those who have

spent their whole life working underground, and who perhaps have made sacrifices to buy them, cracking before the eyes of those who live in them.

Although the Coal Board do their best to repair the damage, could not something be done to prevent the holocaust? Surely modern science could devise some method of mining so that as little disturbance as possible could take place beneath the sites of dwelling houses.

If subsidence continues apace, one can visualize the Valleys becoming derelict.

This problem must be kept in mind and brought constantly to the notice of those who have in their power the prevention of such damage to property.

MILK

Thirty-eight samples of pasteurized milk were examined during the year and all were satisfactory compared with 78% satisfactory samples taken in 1950.

Twenty-seven samples of raw milk were examined during the year and all were satisfactory compared with 91.5% examined last year. These remarkably good results in an untreated milk is an achievement in an area where far too many of the farms have not a proper piped supply of water or electricity to apply modern machinery.

No tubercle bacilli were isolated from the milk during the year.

There has been a great increase in the sale of tuberculin tested, pasteurised milk during the year.

ICE CREAM

All the samples of ice cream taken were satisfactory. In 1950, 8% were unsatisfactory.

There is a great increase in the sale of pre-packed ice-cream. The good results obtained in the laboratory is no doubt due to the fact that the local producers of ice cream now have up-to-date machinery and maintain them in good condition.

TUBERCULOSIS

Of the cases of tuberculosis notified, ten were pulmonary and five were non-pulmonary. This number is the lowest there has been in both pulmonary and non-pulmonary since records were kept. Of the ten pulmonary, four were in the early stages, the remainder were in such a condition that a reasonable hope of their recovery might be entertained. In spite of the low notifications, there is still a distressing time lag, often of four months, between notification and admission to hospital, while the waiting list for surgical treatment has increased in alarming proportions. Fortunately, medical treatment can be started immediately a case is discovered by the general practitioner in the home and provided that home conditions are good, a hopeful prognosis may be anticipated.

The decreasing number of notifications is very satisfactory and it can be reasonably assumed that the Council's policy of re-housing those living under bad conditions is beginning to take effect and preventing case to case spread.

What we would welcome would be periodical conferences held locally between the Chest Physician, the General Practitioners and members of the Public Health Department so that we may have a better picture of those attending the tuberculosis clinics. In this way, the Public Health Department will have an up-to-date knowledge of the infectivity and clinical progress of each patient in the area, and in the light of such knowledge, the best use may be made of the accommodation available while allocating houses.

During 1951, 11 selected cases of children between the ages of 3 and 11 were immunised against tuberculosis by the B.C.G. vaccine. So far, such protective methods are carried out on selected cases only, usually those who are exposed to the greatest possible risk of infection. There is no doubt that eventually the scope of such preventive measures will be extended.

Of the non-pulmonary type, all were of glands of the neck which were mild; it is extremely doubtful whether they were of a tuberculous nature. Infected milk is so often found to be the cause of many of these non-pulmonary cases—but in this area, at the moment, the majority of the milk is either tuberculin tested or pasteurised.

So far, we can justly be pleased with the tuberculous cases which have been re-housed. However, with the high cost of houses under construction and the consequent high rent, it is possible that harm may be done in some cases by rehousing these cases, as the extra rent will compel people to spend less on nourishment and recreation including holidays and outings to the sea, etc.

The only solution might be for the Council to arrange transfers of the economically stable and physically healthy to the higher rent houses leaving the older houses which are let at approximately one-third the rent to the people who need spare money for extra nutrition, etc.

The heaviest death rate is usually of females between the ages 15 to 35. It is gratifying to note that there was one only who died of tuberculosis in this age group in 1951.

TUBERCULOSIS, 1951

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	—	—	—	—	—
1—5	1	—	—	2	—	—	—	—
5—10	2	—	1	—	—	—	—	—
10—15	—	—	—	—	—	—	—	—
15—20	1	1	—	1	—	—	—	—
20—25	—	—	—	—	—	—	—	—
25—35	2	2	—	—	—	1	—	1
35—45	—	—	—	—	3	1	—	—
45—55	—	—	—	—	2	1	—	—
55—65	1	—	—	1	1	—	—	—
65 & over	—	—	—	—	1	1	—	—
TOTAL	7	3	1	4	7	4	—	1

TUBERCULOSIS

Notifications and Deaths 1931-1951 in the Ogmore and Garw Area

Year	NOTIFICATIONS				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
1931	23	38	11	10	9	11	3	5
1932	29	32	10	7	9	10	3	1
1933	23	19	11	1	9	13	3	0
1934	16	23	7	6	4	7	1	1
1935	20	14	6	6	10	11	2	0
1936	23	20	5	6	11	8	2	2
1937	17	15	8	4	3	5	2	2
1938	12	14	11	8	7	6	3	0
1939	20	12	11	4	7	6	1	1
1940	17	19	7	10	2	3	2	2
1941	20	16	6	9	9	6	3	5
1942	11	16	10	8	7	4	4	0
1943	16	19	7	11	7	8	3	3
1944	20	24	10	5	6	8	2	0
1945	18	17	6	7	4	5	2	0
1946	23	14	7	10	9	8	0	3
1947	19	28	13	8	6	7	0	0
1948	15	16	3	4	5	10	—	1
1949	11	24	5	7	7	6	—	—
1950	11	12	4	5	5	6	1	1
1951	7	3	1	4	7	4	—	1

FOOD POISONING

On 19th September, 1951, I was notified by a local general practitioner, that on the morning of that date, he had seen three cases with pyrexia and diarrhoea. It soon became apparent that some form of food poisoning was in question.

History of the Cases

One of the victims (A) worked in a local food store but when he was questioned, he maintained he had not eaten anything out of the ordinary with the exception of some minced meat from another shop. One of the other victims (B) had eaten a pork pie from the shop where (A) worked. It was at first thought that (A) had been infected by the minced meat, and had then infected the pie which (B) had eaten, as (A) had the symptoms first. However, on closely questioning (A) and the manager of the shop where he worked, two reasons were found why this supposition could not be adopted: (i) the pies were wrapped; (ii) he had not been near the food counter, though he might have contaminated the wrapping of the pies or the counter. The third victim, a young school girl, had not eaten pies but attributed her illness to spam eaten at School, but as 400 other people had also partaken of this spam, it seemed unlikely that this was the cause of the trouble. Later it came to light that this girl had been to the pictures with a young man who actually had symptoms of food poisoning at the time and had eaten pork pies from this shop. Hence it might be assumed that this girl acquired the infection by contact.

The next case visited was a mother with a 4 months' old baby. The adult had violent symptoms, but the baby had none. She became a carrier and the baby was subsequently infected but still without demonstrating symptoms.

The next case (D) investigated had the usual symptoms and infection was demonstrated. His wife and child also had symptoms but in their case no infection was confirmed. The source of D's infection remained unsolved for some time. However, a man who worked near him in the colliery had been home for a day. He (E) lived in an outlandish farm and, when visited, he stated that he had been ill for a night after partaking of the afore-mentioned pies but had not

called in the doctor owing to his inaccessible position. D maintains he visited a club with E., the day after E had returned to work, that E had fetched him some chips and also, at the Works' Canteen on that day E. had passed him a cup of tea with his hands on the rims of the cup.

All the other cases could be traced to the pies from the grocer's shop, including A's who later admitted he had also eaten some pie.

Infected Area

The infected area lay within the neighbourhood of the shop which supplied the pies.

Distribution

Not all who ate the pies were infected and some who had not eaten pies were infected but their contact can be traced with those suffering from infection. There were 19 cases.

Causative Agent

Salmonella typhi-murium was found to be the common causative agent.

Clinical Features

In all cases the clinical features were typical but varied considerably in severity; vomiting and diarrhoea were the outstanding features. In three cases this did not extend beyond a general feeling of malaise, while the baby infected by its mother had no symptoms. Four were admitted to hospital; one of these patients had to be re-admitted after discharge.

Incubation Period

In nine cases, exact times could be obtained between the eating of the pies and the commencement of the symptoms. The shortest period was 7 hours. This patient suffered severely from vomiting and diarrhoea almost every hour. A fortnight later he was still very weak. In one case there was a lapse of 12 hours; in two cases there was a lapse of 17 hours; one case, 20 hours; three cases, 24 hours, and one case, 30 hours.

Length of Time Infection Lasted

Of those who were notified, four were admitted to hospital and remained infectious for varying lengths of time.

(1) 7/9/51-27/10/51	.....	50 days
(2) 7/9/51- 7/11/51	.....	61 days
(3) 7/9/51-22/10/51	.....	45 days

The fourth, who had to be transferred to another hospital, had no further swabs taken until his return.

Of those who were nursed at home, the following remained infectious for the longest periods :—

(1) 7/9/51-23/9/51	.....	16 days
(2) 7/9/51-29/9/51	.....	22 days
(3) 7/9/51-21/9/51	.....	14 days.

The remainder cleared up in less than 14 days, with the exception of the baby who was still infectious (though still without symptoms) on 9/11/51, but was clear later.

Treatment

The use of the newer antibiotics proved, in the four cases admitted to hospital, most disappointing. Though negative results were reported during treatment, they relapsed into an infectious state a day or two after treatment had been discontinued.

Conclusion

The conclusions to be drawn from these investigations were that :

- (a) The pies were infected at the place of manufacture, as there were other cases in other areas where pies had been eaten from this source.
- (b) The lengthy carrier state necessitates a long follow-up in such cases in order to ensure limitation of spread.
- (c) When exact times can be obtained it seems that the shorter the incubation period, the longer the illness lasts.

INFLUENZA

During the months of November and December, 1950, there was no departure from the normal with regard to the incidence of illness except that during Christmas week, the incidence was abnormally low. The first noticeable increase was towards the end of January, 1951, and was out of proportion to anything which happened in the previous year.

The incidence of influenza amongst adult groups in the two valleys shows a similar trend, the peak period in each case appearing in the fourth week of the epidemic. In the Garw Valley the difference between the figures for 1950 and 51 show a marked divergence. The graph rose and fell considerably more steeply in 1951 than in 1950, the numbers decreasing gradually last year.

In the schools, the epidemic reached its peak in the third week and in the 4-8 groups it maintained this level for a longer period than in the other groups.

Characteristics of the Influenza in the Recent Epidemic

Age Incidence : No age group is exempt. The greatest severity occurs amongst older people. Yet in households that are afflicted one frequently finds people irrespective of age or sex who are apparently immune.

Incubation Period : This may be as low as two days.

Clinical Features : Some cases seem to have a slight pain in the legs, slight pyrexia and then feel well for a few days. However, a few days later they have another attack when they are compelled to go to bed. They recover in three to five days.

Other cases are characterised by a sudden onset when they are completely prostrated for two or three days with excruciating headache, being unable to raise their heads from their pillows, simulating meningitis. A few recover in a couple of days and feel fit enough for work. Others experience extreme lassitude with long periods of debility.

Bronchitis is a frequent complication and some hold the opinion that heavy doses of sulphonamides have prevented attacks of pneumonia.

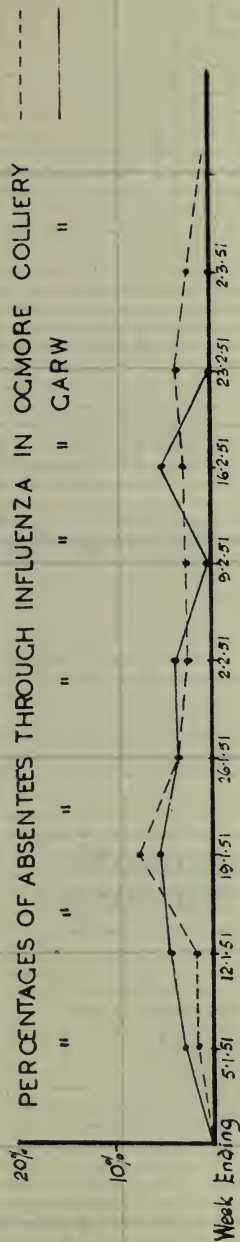
Those with pneumonia, even though treated with antibiotics are a long time before their chests are clear. It is realised that the use of penicillin treatment was not begun early enough to prevent some of the deaths; since the seriousness of the chest complication has been realised, and penicillin treatment started at once, there have been fewer deaths.

An important point to note is that, when the patient is a miner, and returns to work too soon, he is subject to attacks of tachycardia, the pulse rate frequently being 110, consequently a return to heavy work before the expiration of three weeks seems to be undesirable.

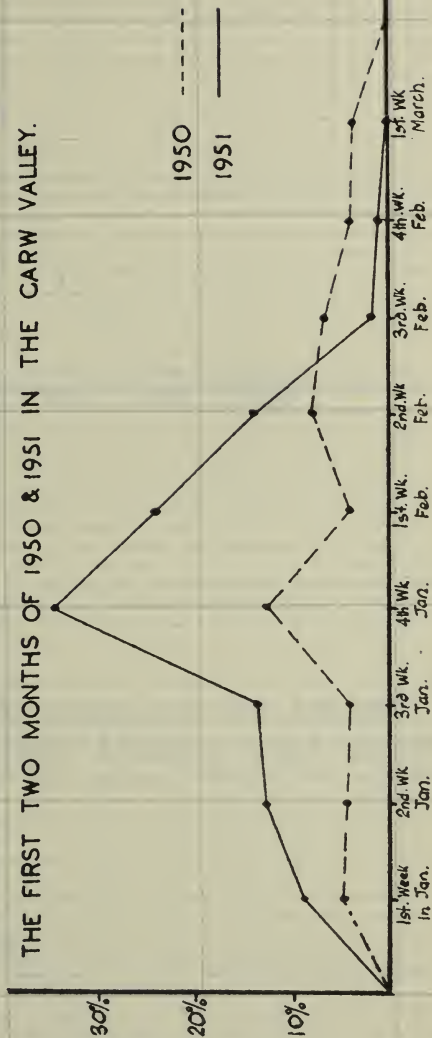
Other doctors have noticed apical systolic murmurs during the attack and afterwards. The blood examination of typical cases shows Type A, Blood being taken twice at 10-day intervals.

The following is a report on the 1918 influenza epidemic in the Ogmore and Garw with accompanying table of deaths.

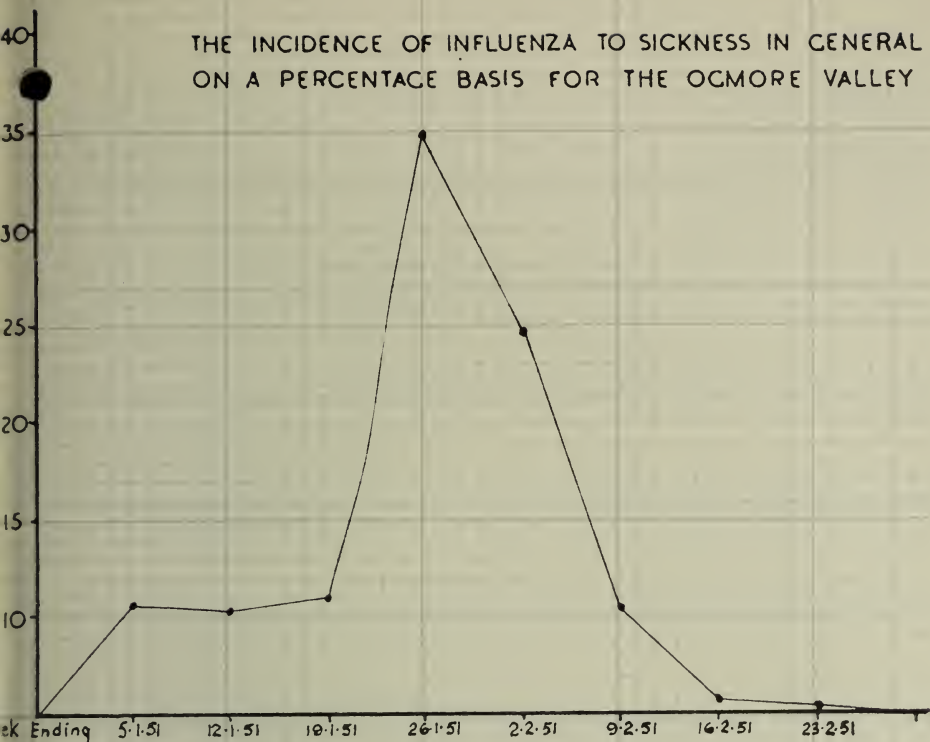
“As will be seen from the Table, introduced on Influenza, 145 inhabitants succumbed during the epidemics. The first epidemic which was a comparatively mild one commenced in June at the top of each valley, and gradually spread down the valley and throughout the whole District. The first death occurred on the 16th July, 1918. During July the curve of this epidemic reached its highest point, and gradually waned until normal. A second and very much more severe epidemic commenced in the end of October, 1918, during which month two deaths were recorded as being due to Influenza. During November the epidemic reached its climax when 79 deaths occurred. In December the disease was still very prevalent and claimed 55 victims. Sixty of the deaths occurred between the ages of 25 and 45, and the next largest number was 28, which occurred in the age group of one to five years. Under one year, seven deaths were attributed to Influenza. Males were more often attacked in proportion to their number than females, there being 79 deaths amongst males, and 66 amongst the female population.”



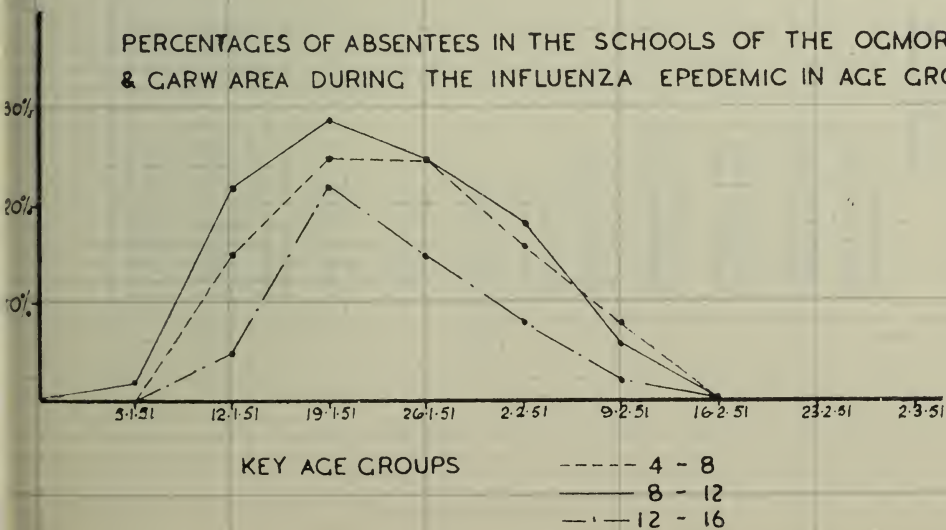
THE INCIDENCE OF INFLUENZA TO SICKNESS IN GENERAL ON A PERCENTAGE BASIS FOR THE FIRST TWO MONTHS OF 1950 & 1951 IN THE CARW VALLEY.



THE INCIDENCE OF INFLUENZA TO SICKNESS IN GENERAL ON A PERCENTAGE BASIS FOR THE OCMORE VALLEY



PERCENTAGES OF ABSENTEES IN THE SCHOOLS OF THE OCMORE & GARW AREA DURING THE INFLUENZA EPIDEMIC IN AGE GROUPS.



DEATHS FROM INFLUENZA—WHOLE DISTRICT

	Under 1 year		1 to 5		5 to 15		15 to 25		25 to 45		45 to 65		Over 65		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
JANUARY, 1918
JANUARY, 1951
FEBRUARY, 1918
FEBRUARY, 1951
MARCH, 1918
MARCH, 1951
APRIL, 1918
APRIL, 1951
MAY, 1918
MAY, 1951
JUNE, 1918
JUNE, 1951	5	...	...	...	...	...	...	...	...	...	...	...
JULY, 1918	1	...	...	...	1	...	...	...	...	...	...	...
JULY, 1951	3	...	...	...	1	...	...	...	...	...	3	5
AUGUST, 1918
AUGUST, 1951	1	...
SEPTEMBER, 1918
SEPTEMBER, 1951
OCTOBER, 1918
OCTOBER, 1951	1	...	...	...	...	...	1	1
NOVEMBER, 1918
NOVEMBER, 1951	2	2	10	7	2	2	1	6	21	4	1	4	3	44	35	35
DECEMBER, 1918
DECEMBER, 1951	2	1	4	4	2	4	5	5	11	5	1	1	...	30	25	25
TOTALS, 1918
TOTALS, 1951	4	3	14	14	5	6	6	11	34	26	10	6	4	79	66	66

OLD PEOPLE'S WELFARE COMMITTEE

1951 saw the inauguration and development of the Old People's Welfare Committees, one for each Valley. The Council launched this scheme by asking all organisations to send representatives to meet them with a view to electing such committees. It was decided to organise on Valley basis, the Council itself being merely a co-ordinating body. A secretary and a committee for each Valley were elected, each committee working entirely independently. It is felt there is a need in the valley for this type of organisation.

We are all well aware that people live longer and that at the moment, it can be stated in general terms that the younger members of families no longer feel the sense of responsibility which they formerly held for their older kinsfolk. The first object of these organisations is an attempt to restore this sense of duty and to promote neighbourliness for no officialdom or committee can replace this. Fortunately, the great majority of the old people of this area are healthy, vigorous and contented, yet there are a few who through no fault of their own are in need of help and encouragement.

The activities of these committees during the year have had the following concrete results :—

The Collection of funds to meet the needs of the various activities

The formation of visiting committees.

The completion of a survey of all the old people.

The paying of visits to hospitals.

The Festival of Britain Tea.

Efforts are being made by the joint lodges to draw up a scheme whereby the Welfare Committee Fund would receive a weekly contribution from all Trade Unions.

Although cheap meals for Old Age Pensioners at British Restaurants were not always taken advantage of by those for whom they were provided, it is felt that hot meals distributed to the homes of those so desiring would be much appreciated. Often the elderly are shy of eating their meals in public and would prefer to do without than make the effort of going out to feed.

To instil in the young a sense of citizenship and reverence for the old, to whom they owe a duty in that it is through their efforts that they are enjoying the benefits of the State, could not school meals be carried by school children to the needy aged in the neighbourhood?

The facilities for those in need of medical attention has been increased by the conversion of the old Smallpox Hospital at Cefn Hirgoed into a Home for the Aged.

NATIONAL ASSISTANCE ACT, Section 47

No action was taken under this section of the Act during 1951.

CREMATION

The local authorities in the Mid-Glamorgan area, including Neath and Port Talbot, are at present actively interested in the building of a crematorium to serve the district. This method of corpse disposal is becoming increasingly utilised for its advantages are many and obvious. Wherever a crematorium has been set up, increasing use has been made of it in the vicinity and there is every reason to suppose that this trend will be continued should one be erected locally.

One of its advantages is economy of space in that large areas of land which would otherwise be used as burial grounds, are released for the laying out of playing fields, erection of houses, cultivation of parks and open spaces, etc. This is especially patent in this area, where the land is limited, sloping and rocky. One views existing churchyards and grieves to see laboriously-erected monuments overgrown, broken and uncared for. Succeeding generations leave the neighbourhood, there is no one left who has an interest in caring for these relics. They become then curios rather than memorials.

The long drawn-out burial services held in the wintry gloom of wind-swept, rain-washed hillsides, are often productive of a spate of sickness.

The financial aspect cannot be ignored for finally a cremation is cheaper than ground burial.

The maintenance of graveyards is becoming increasingly expensive and this means that burial charges rise and an ever-greater burden is thrown on the local rates.

Leaving a name engraved on a Book of Remembrance is a far more lasting memorial than the most expensive gravestone which is exposed to denudation and erosion by the vagaries of wind and weather.

The number of crematoria in the country show a rapid increase in recent years and there are now 58 operating.

Doubtless, if the Council busy themselves with the furtherance of this object, in a short space of time people will become interested and realise that it is in the public and their own good to take advantage of cremation facilities if they are present in the neighbourhood.

CULVERTS

There are, in this area, numerous little mountain brooks "coming from haunts of coot and hern" ; eagerly dancing down the slopes, sparkling and singing as they proceed. Alas ! Very soon they become a resting place for debris of all sorts—tins, dead cats, etc.—very soon they change from things of beauty to a sad and mournful sight, breeding disease and a menace to small children. The measures the Council have taken to cope with this are so far inadequate.

Very young children cannot be prevented from drinking out of the old tins filled with the polluted water. One solution of this problem is the covering of the streams as its proceeds on its lower course. There is a twofold advantage in this scheme :—

- (a) Children would be prevented from gaining access to the water.
- (b) The turfing over of the stream would provide an open space for a playing ground for the children. They would have somewhere to go instead of playing on the roads; their mothers and grand parents could sit watching them at play.

It is suggested also that sites of demolished houses be turned into gardens and recreations grounds, so that "the desert may once again blossom like the rose" and our valleys regain their former verdancy.

RECREATION FACILITIES

On 18th June, 1951, a scheme was inaugurated which, we hope, is an indication of the policy to be adopted in all mining valleys.

The work has, as its object, the construction of playing fields by, in part, culverting the River Ogmore for a distance of 700 ft., and in part levelling off a former coal tip depositing the waste on to an adjacent field and filling over a culvert to a depth of 30 ft. so that the whole forms one flat area of approximately 13 acres, for a much-needed recreation ground. This is to cost between £49,000 and £50,000. Yet the money will be well spent if it brings beauty to the doorstep of the people instead of their having to crowd 'bus and train on tiresome journeys in efforts to seek it.

It is to be hoped that vision and imagination will be expended in the laying out of these recreation grounds so that every class of the community will be catered for, both old and young.

One part of the recreation ground might be set aside for large flower beds, the care of which should be in the hands of various organisations; friendly rivalry might be encouraged by the giving of a Cup at the end of the season; then each member of the community might have the same respect and affection for these gardens as though they were his own. The Forestry Commission might plan the planting of trees throughout the grounds so that the bare nakedness of the valley might be relieved.

The sport-loving active members of the community will be well catered for, but we should safeguard the interests of the two extremities of life. Apart from a children's playground, there should be a large shelter open on three sides where mothers could take their babies on wet days, when the cramped and often overcrowded conditions of four walls become so irksome to little ones.

Pavilions will doubtless be provided for the sports-loving, but what of the old? Often there is no room for them to sit therein, especially when matches are being played. Could not a small pavilion be reserved for their use where each day they might meet, discuss the affairs of the nation and put the world right? If this were really their own and if they could plant and maintain the gardens near, they would feel much joy in their sense of possession.

CLEAN FOOD

A code has been distributed to all food handlers and it seems to be working well. There has been a great desire on the part of the people concerned to improve their standards of hygiene.

FOODSTUFFS CONDEMNED

6 Bovine Carcasses and Offals complete; 6 Forequarter of Beef; 17 Sheep Carcasses and Offals complete; 128 Bovine Heads; 128 Bovine Plucks; 2,933 Bovine Livers; 750 Sheep Plucks; 239 Bovine Lights; 1 Bovine Head; 2 Hindquarters of Beef; 2 Bovine Spleens; 2 Bovine Skirts; 808 Sheep Livers; 1 Sheep's Head; 1 Leg of Mutton; 112 lbs. of Butter; 72 lbs. of Margarine; 56 lbs. Lard; 55 lbs. Tea; $6\frac{1}{4}$ cwts. of Sugar; 232 lbs. Cheese; $113\frac{1}{4}$ lbs. Bacon; 2 Boxes Irish Geese; 1 Box Irish Ducks; 2 Irish Turkeys; 10 lbs. William Pears; 72 lbs. Imported Pears.

MEAT

Carcases Inspected and Condemned

The following table sets out the amount of meat seized, condemned and disposed of as unfit for human consumption during the year :—

	Cattle excluding cows & bulls	Cows and bulls	Sheep and lambs	Calves	Pigs
Number killed	717	359	5,241	460	206
Number inspected	717	359	5,189	460	206
<i>All diseases except Tuberculosis</i>					
Whole carcasses condemned	—	—	13	—	—
Carcasses of which some part or organ was condemned	117	212	1,165	1	1
Percentage of the number inspected affected with disease other than tuberculosis	16.3	59	22.7	.21	.48
<i>Tuberculosis only.</i>					
Whole carcasses condemned	5	1	—	—	—
Carcasses of which some part or organ was condemned	149	141	—	—	2
Percentage of the number inspected infected with tuberculosis	21.4	39.5	—	—	.97

RODENT CONTROL

Summary of Disinfestation carried out during the year :—

Number of Premises Inspected :—

Local Authority	17
Dwelling Houses	255
Farms	15
Business Premises	55
Dwelling Houses Treated	139
Business Premises Treated	47
Local Authority Premises	4

Type of Infestation :—

Major	1
Minor	181

Sewers :—

No. of Manholes Prebaited	2,749
No. of Manholes showing Prebait Takes	613
No. of Manholes Poison Baited	923

Poison used—Arsenic and Zinc Phosphide.

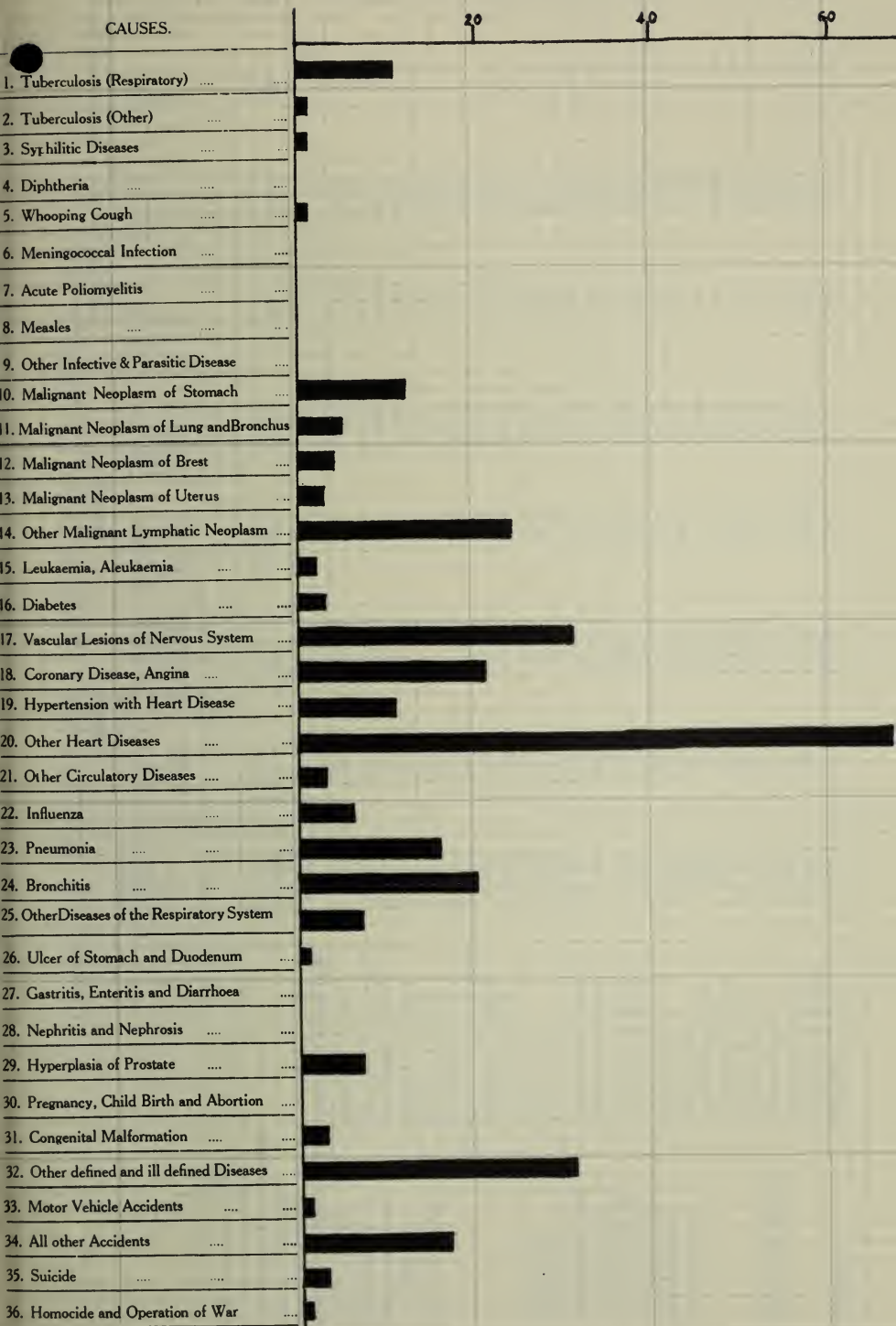
DEATHS WHICH OCCURRED THROUGHOUT THE AREA DURING 1951

<i>Disease</i>	<i>M</i>	<i>F</i>
1. Tuberculosis (Respiratory)	7	4
2. Tuberculosis (Other Forms)	0	1
3. Syphilitic Diseases	1	0
4. Diphtheria	0	0
5. Whooping Cough	1	0
6. Meningococcal Infections	0	0
7. Acute Poliomyelitis	0	0
8. Measles	0	0
9. Other infective and parasitic diseases	0	0
10. Malignant neoplasm, stomach	8	4
11. Malignant neoplasm, lungs, bronchus	5	0
12. Malignant neoplasm, breast	0	4
13. Malignant neoplasm, uterus	0	3
14. Other malignant and lymphatic neoplasms	14	10
15. Leukaemia	0	2
16. Diabetes	0	3
17. Vascular lesions of nervous system	17	14
18. Coronary disease	13	8
19. Hypertensions with heart disease	8	3
20. Other heart diseases	37	30
21. Other circulatory diseases	2	1
22. Influenza	4	2
23. Pneumonia	8	8
24. Bronchitis	16	4
25. Other diseases of respiratory system	7	0
26. Ulcer of stomach, duodenum	0	1
27. Gastritis, Enteritis and Diarrhoea	0	0
28. Nephritis and Nephrosis	0	0
29. Hyperplasia of prostate	7	0
30. Pregnancy, Childbirth, Abortion	0	0
31. Congenital Malformation	2	1
32. Other defined and ill-defined causes	17	14
33. Motor vehicle accidents	0	1
34. All other accidents	16	1
35. Suicide	3	0
36. Homicide and Operations of War	0	1

TOTAL 193 120

CAUSES OF DEATH

NUMBERS





GLAMORGAN (ADMINISTRATIVE COUNTY)—VITAL STATISTICS 1951.

	Estimated Population 1951	Births			Deaths			Infant Mortality		Neo Natal Mortality	
		Number of Births	Rate per 1,000 Population	Number of Deaths	Rate per 1,000 Population	Deaths under 1 year	Rate per 1,000 Live Births	Deaths under 4 weeks	Rate per 1,000 LiveBirths		
England and Wales	15.50	12.50	—	29.60	—	—	—	18.80		
Administrative County .....	....	11,946	16.32	10,091	13.78	441	274	22.94		
Urban Districts .....	....	8,877	16.69	7,687	14.45	350	219	24.67		
Rural Districts .....	....	3,069	15.33	2,404	12.01	91	55	17.92		
Health Division	Constituent Districts.										
Aberdare and Mountain Ash	Aberdare Urban	608	14.93	751	18.45	33	23	37.83			
Caerphilly and Gelligaer	Mountain Ash Urban	551	17.57	465	14.83	23	13	23.59			
	Caerphilly Urban	748	21.14	458	12.95	27	18	24.06			
	Gelligaer Urban	631	17.47	482	13.35	18	11	17.43			
Mid-Glamorgan	Bridgend Urban	227	16.78	162	11.97	8	4	17.62			
	Maesteg Urban	476	20.69	304	13.21	19	12	25.21			
	Ogmore & Garw Urban	356	15.84	313	13.92	9	4	11.24			
	Porthcawl Urban	131	13.95	164	17.47	1	—	—			
	Penybont Rural	564	16.68	359	10.62	25	17	30.14			
Neath and District	Neath M.B.	454	14.25	445	13.97	22	17	37.44			
	Neath Rural	637	15.38	536	12.94	15	6	9.42			
Pontypridd and Llantrisant	Pontypridd Urban	661	17.19	575	14.95	26	14	21.18			
	Llantrisant Rural	482	18.95	295	11.60	16	10	20.75			
Port Talbot and Glyncorrwg	Glyncorrwg Urban	220	23.55	122	13.06	9	7	31.82			
	Port Talbot M.B.	719	16.35	545	12.39	22	12	16.69			
South East Glamorgan	Barry M.B.	702	17.25	478	11.74	24	15	21.37			
	Cardiff Rural	454	12.71	457	12.79	8	5	11.01			
	Cowbridge M.B.	14	13.10	13	12.16	1	1	71.43			
	Cowbridge Rural	303	15.26	148	7.46	9	8	26.40			
	Penarth Urban	300	16.38	263	14.36	8	5	16.67			
West Glamorgan	Gower Rural	201	17.34	151	13.03	5	2	9.95			
	Llchwyr Urban	375	14.69	379	14.85	12	9	24.00			
	Pontardawe Rural	428	13.23	458	14.16	13	7	16.36			
Rhondda	Rhondda Urban	1,704	15.39	1,768	15.97	88	54	31.69			

